

Please type a plus sign (+) inside this box →



PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DIVISIONAL REISSUE PATENT APPLICATION TRANSMITTAL

Address to: BROADENED REISSUE Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	MTS-520US5
	First Named Inventor	Mitsuaki Oshima
	Original Patent Number	5,761,301
	Original Patent Issue Date (Month/Day/Year)	June 2, 1998
	Express Mail Label No.	EL741592749US

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Substitute Reissue Oath / Declaration (original or copy) and copy of Defective Declaration (37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☒ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. ☒ Other: Copy of Offer to Surrender:

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Allan Ratner				
Address	P.O. Box 980				
City	Valley Forge	State	PA	Zip Code	19380
Country	U.S.A.	Telephone	(610) 407-0700	Fax	(610) 407-0701

NAME (Print/Type)	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature		Date	December 7, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DIVISIONAL REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
MTS-520US5

Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A) 43	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 08	* 00	=	X\$	O r	X\$	
(C) 07		(D) 02	* 00	=	X\$		X\$	
					=		X\$	
Basic Fee (37 CFR 1.16(h))					\$			\$ 740.00
Total Filing Fee					\$		OR	\$ 740.00

Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	X\$		O r	X\$	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$			X\$	
Total Additional Fee					\$		OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
*** After any cancellation of claims
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.

December 7, 2001

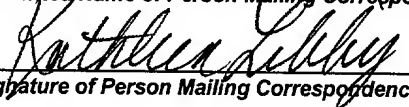
Date

Signature of Applicant, Attorney or Agent of Record

Allan Ratner, Reg. No. 19,717

Typed or printed name

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10) Applicant(s): M. Oshima et al.			Docket No. MTS-520US5	
Serial No. To Be Assigned	Filing Date Herewith	Examiner	Group Art Unit	
Invention: MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK, REPRODUCING APPARATUS, OPTICAL DISK AND METHOD PRODUCING OPTICAL DISK				
<p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 10px; min-height: 150px; margin: 10px 0;"> Reissue Divisional Application and its related enclosures </div> <p style="text-align: center; font-size: small;">(Identify type of correspondence)</p> <p>Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on <i>December 7, 2001</i></p> <div style="text-align: right; margin-top: 20px;"> <div style="margin-bottom: 10px;"> <u>Kathleen Libby</u> <small>(Typed or Printed Name of Person Mailing Correspondence)</small> </div> <div style="margin-bottom: 10px;">  <small>(Signature of Person Mailing Correspondence)</small> </div> <div> <u>EL741592749US</u> <small>("Express Mail" Mailing Label Number)</small> </div> </div>				
Note: Each paper must have its own certificate of mailing.				

RECEIVED